

2653

Chiu

PATENT

01-C-110



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Anthony M. Chiu and Danielle A. Thomas

Serial No.: 10/025,601

Filed: December 18, 2001

Group: 2653

Examiner: Kim Chu

For: INTEGRATED OPTICAL UNIT FOR USE WITH
MINIATURE OPTICAL DISCS

MS Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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<u>10-14-04</u>	
(Date of Signature)	

RESPONSE TO RESTRICTION REQUIREMENT

In response to the action mailed on October 5, 2004, applicants elect the Group I invention to which Claims 1-11, 19 and 20 are drawn. This election is made without traverse.

Respectfully submitted,

Peter J. Thoma

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Attorney for Applicants

01-C-110



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/025,601	
	Filing Date	December 18, 2001	
	First Named Inventor	Anthony M. Chiu	
	Art Unit	2653	
	Examiner Name	Kim Chu	
Total Number of Pages in This Submission	2	Attorney Docket Number	01-C-110

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Response to Restriction Requirement		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Peter J. Thoma
Signature	<i>Peter J. Thoma</i>
Date	October 14, 2004

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